

UC-280 (Rev. 3/11/02)

EXPLANATION OF ITEMS

- | | |
|---------|---|
| Item 2 | Your protest requesting relief from charges cannot be considered unless you file it within twenty-one (21) calendar days from the date this notice was mailed. To be timely filed, your protest must be received by this Department or legibly postmarked by the U.S. Postal Service no later than the 21st day. If the Unemployment Compensation offices are closed on the last day for filing your protest, the period for filing is extended to the next business day. |
| Item 5 | The Week Ending Date is the first payable week. |
| Item 9 | The Benefit Year is one full year from the date the client initiated a claim for benefits. |
| Item 10 | The Sub Date is the date that the client's Monetary Determination was created. |
| Item 11 | The Weekly Benefit Amount (WBA) includes dependency allowances (chargeable to reimbursable employers only). |
| Item 12 | The Weekly Benefit Rate is the amount to which the client is entitled excluding dependency allowances. |
| Item 13 | Maximum Benefits (26 X WBR) is the maximum amount of regular benefits to which the client is entitled during the Benefit Year. |
| Item 14 | The total amount of wages you paid the client during the four quarters of the base period. The base period is the first four of the last |
| and 15 | five completed calendar quarters based upon the claim effective date. |
| Item 16 | The Weekly Charge is the amount chargeable to your account for a total week of unemployment. Your weekly charge could be less. Employer pensions or partial earnings are deductible from a client's payment. Actual amounts charged will appear on the UC-540, Statement of Charges, or Monthly Statement of Reimbursable Charges. For reimbursable employers, dependency amount is included in the weekly charge. |
| Item 17 | The Maximum Potential Charge is 26 X Weekly Charge. During periods of high unemployment, the client may be entitled to additional benefits. NOTE: Items 16 and 17- the amount charged to your account is dependent upon the amount of benefits collected by the client during his benefit year. Taxable employers do not pay these charges dollar for dollar. For taxable employers, charges are used in computing their unemployment tax rates. |

EXPLANATION OF NOTICE AND RIGHT TO PROTEST

The client named on the front of this form has initiated a claim for unemployment benefits. Benefits will be paid promptly upon determination by the administrator that the client is eligible. At that time, the amount of benefits paid will become benefit charges to the accounts of all chargeable base period employers. Your account will be charged unless you successfully protest. YOU HAVE THE RIGHT TO PROTEST these charges if certain conditions exist. These conditions are listed on the front of this sheet (Boxes A through G). THE RIGHT OF PROTEST DOES NOT APPLY IF YOU WERE PREVIOUSLY NOTIFIED REGARDING THIS ISSUE AND EITHER YOU DID NOT PROTEST THE CHARGES AT THAT TIME OR YOUR PREVIOUS PROTEST WAS UNSUCCESSFUL. If you file a timely protest, the Administrator will review it and determine if you can be relieved of charges under the law. If, based on your protest your account is relieved of charges, you will be so notified. If your account remains chargeable, the Administrator will issue a written determination of chargeability which can be appealed to the Appeals Division.

EXCEPTION: If, in Item 8 of this form, there is an NM plus two digits, this is your notice that a Job Center has held a hearing of which you were notified and to which you were invited to participate. At this hearing, the Job Center determined the claimant eligible for benefits following his separation from your employ. Your return of this form will be forwarded directly to the Appeals Division and will constitute your appeal to that Job Center decision.

If you do not file a timely protest, benefit charges will appear on your UC-54Q, Quarterly Statement of Experience Charges, if you are a taxable employer, or on your Monthly Statement of Reimbursable Charges if you are a reimbursable employer.

*SPECIAL NOTE TO NON-PROFIT REIMBURSERS: If the client has earned 10 x the Weekly Benefit Rate following separation from employment, the reimbursable employer is charged by law. Partial claims increase the number of weeks of entitlement. The client is entitled to a full dependency allowance for each valid week, whether partial or total benefits are claimed. Therefore, the maximum amount chargeable can be greater than item#17.

UC-280 (Rev. 3/11/02)

IF PROTESTING CHARGES, FAX OTHER SIDE OR RETURN THIS PORTION TO:

1. DATE MAILED	
06/20/2002	
3. CLIENT'S SOCIAL SECURITY NUMBER	
029-54-3984	
4. JOB CENTER	5. WEEK ENDING DATE
15-0	06/15/2002

7. EMPLOYER'S NAME AND ADDRESS

TYCO PRINTED CIRCUIT GROUP LP
11 TYCO DRIVE
STAFFORD SPRINGS CT 06076-0000

MERIT RATING UNIT
 CONNECTICUT DEPARTMENT OF LABOR
 WETHERSFIELD, CT 06109-1114
 TEL:(860) 263-6705 FAX:(860) 263-6723
www.ctdol.state.ct.us

2. PROTEST PERIOD EXPIRES

07/11/2002

6. CLIENT'S NAME AND ADDRESS

PLASSE, JAMES M
19 HILLARY LN
WESTFIELD MA 01085

8. EMPLOYER'S REGISTRATION NO.

94-027-81

9. BENEFIT YEAR				10. SUB DATE		UNEMPLOYMENT COMPENSATION PAYABLE				
EFFECTIVE DATE		ENDING DATE				11. WEEKLY BENEFIT AMOUNT	12. WEEKLY BENEFIT RATE	MAXIMUM WEEKS	13. MAXIMUM ENTITLEMENT	
06/09/2002		06/07/2003		05/31/2002			\$406	26	\$10,556	
14. BASE PERIOD WAGES PAID IN YOUR EMPLOY		QUARTER	YEAR	QUARTER	YEAR	QUARTER		YEAR	QUARTER	YEAR
		1	2001	2	2001	3		2001	4	2001
		\$20,281.59		\$17,384.22		\$20,281.59			\$36,473.22	
15. TOTAL WAGES PAID BY YOU		16. YOUR WEEKLY CHARGE		17. YOUR MAXIMUM POTENTIAL CHARGE						
\$94,420.62		\$406		\$10,556.00						

Form W-4 (2000)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2000 expires February 16, 2001.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer (or zero) allowances.**

Child tax and higher education credits. For details on adjusting withholding for these and other credits, see Pub. 919, How Do I Adjust My Tax Withholding?

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2000. Get Pub. 919 especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for yourself if no one else can claim you as a dependent A 1
- B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. B 1
- C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.) C
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D 2
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E
- F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F

G Child Tax Credit:

- If your total income will be between \$18,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child.
- If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children. G 1

- H Add lines A through G and enter total here. **Note:** This may be different from the number of exemptions you claim on your tax return. H 35

- For accuracy, complete all worksheets that apply.
- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 - If you are single, have more than one job and your combined earnings from all jobs exceed \$34,000, OR if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$60,000, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
 - If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 2000
▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.				
1 Type or print your first name and middle initial <u>JAMES M.</u>		Last name <u>PLASSE</u>		2 Your social security number <u>029 54 3984</u>
Home address (number and street or rural route) <u>19 Hillary Lane</u>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</small>		
City or town, state, and ZIP code <u>WESTFIELD, MA 01085</u>		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above OR from the applicable worksheet on page 2)				5 <u>5</u>
6 Additional amount, if any, you want withheld from each paycheck				6 \$ <u> </u>
7 I claim exemption from withholding for 2000, and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, write "EXEMPT" here ▶ 7 <u> </u>				
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it) ▶ <u>[Signature]</u>		Date ▶ <u>9-11-00</u>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number

Deductions and Adjustments Worksheet**Note:** Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 2000 tax return.

- 1 Enter an estimate of your 2000 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2000, you may have to reduce your itemized deductions if your income is over \$128,950 (\$64,475 if married filing separately). See **Worksheet 3** in Pub. 919 for details.) 1 \$
- 2 Enter: $\left\{ \begin{array}{l} \$7,350 \text{ if married filing jointly or qualifying widow(er)} \\ \$6,450 \text{ if head of household} \\ \$4,400 \text{ if single} \\ \$3,675 \text{ if married filing separately} \end{array} \right\}$ 2 \$
- 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter -0- 3 \$
- 4 Enter an estimate of your 2000 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$
- 5 Add lines 3 and 4 and enter the total (Include any amount for credits from **Worksheet 7** in Pub. 919.) 5 \$
- 6 Enter an estimate of your 2000 nonwage income (such as dividends or interest) 6 \$
- 7 Subtract line 6 from line 5. Enter the result, but not less than -0- 7 \$
- 8 Divide the amount on line 7 by \$3,000 and enter the result here. Drop any fraction 8
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1. 10

Two-Earner/Two-Job Worksheet**Note:** Use this worksheet only if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here 2
- 3 If line 1 is **MORE THAN OR EQUAL TO** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3

Note: If line 1 is **LESS THAN** line 2, enter -0- on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year end tax bill.

- 4 Enter the number from line 2 of this worksheet 4
- 5 Enter the number from line 1 of this worksheet 5
- 6 Subtract line 5 from line 4 6
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$
- 9 Divide line 8 by the number of pay periods remaining in 2000. For example, divide by 26 if you are paid every other week and you complete this form in December 1999. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,000	0	41,001 - 45,000	8	\$0 - \$5,000	0	65,001 - 80,000	8
4,001 - 7,000	1	45,001 - 55,000	9	5,001 - 11,000	1	80,001 - 100,000	9
7,001 - 13,000	2	55,001 - 63,000	10	11,001 - 17,000	2	100,001 and over	10
13,001 - 19,000	3	63,001 - 70,000	11	17,001 - 22,000	3		
19,001 - 25,000	4	70,001 - 85,000	12	22,001 - 27,000	4		
25,001 - 31,000	5	85,001 - 100,000	13	27,001 - 40,000	5		
31,001 - 37,000	6	100,001 - 110,000	14	40,001 - 50,000	6		
37,001 - 41,000	7	110,001 and over	15	50,001 - 65,000	7		

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$50,000	\$420	\$0 - \$30,000	\$420
50,001 - 100,000	780	30,001 - 60,000	780
100,001 - 130,000	870	60,001 - 120,000	870
130,001 - 250,000	1,000	120,001 - 270,000	1,000
250,001 and over	1,100	270,001 and over	1,100

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and for use in the National Directory of New Hires.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB

control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping** 46 min., **Learning about the law or the form** 13 min., **Preparing the form** 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the tax form to this address. Instead, give it to your employer.



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Payroll Manager's Letter/January 7, 1999 ✓

Form W-4 (1999)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 1999 expires February 16, 2000.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer allowances.**

Child tax and higher education credits. For details on adjusting withholding for these and other credits, see Pub. 919, *Is My Withholding Correct for 1999?*

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding will usually be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet

A Enter "1" for yourself if no one else can claim you as a dependent	A <u>1</u>
B Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. 	B <u> </u>
C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (This may help you avoid having too little tax withheld.)	C <u>1</u>
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D <u>2</u>
E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E <u> </u>
F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F <u> </u>
G Child Tax Credit: <ul style="list-style-type: none"> • If your total income will be between \$20,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child. • If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children. 	G <u>2</u>
H Add lines A through G and enter total here. Note: This amount may be different from the number of exemptions you claim on your return. ▶	H <u>6</u>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single, have more than one job and your combined earnings from all jobs exceed \$32,000, OR if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$55,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.		OMB No. 1545-0010 1999
1 Type or print your first name and middle initial <u>JAMES M PIASSE</u>		2 Your social security number <u>029 154 3981</u>		Last name <u>PIASSE</u>
Home address (number and street or rural route) <u>19 HILARY LAKE</u>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.		City or town, state, and ZIP code <u>WESTFIELD MA 01085</u>
4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>		5 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply) <u>6</u>		
6 Additional amount, if any, you want withheld from each paycheck <u>\$</u>		7 I claim exemption from withholding for 1999, and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, write "EXEMPT" here <u>EXEMPT</u>		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it) ▶ <u>[Signature]</u>		Date ▶ <u>9-20-00</u>		
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)		10 Employer identification number

Form W-4 (1999)

Page 2

Deductions and Adjustments Worksheet**Note:** Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 1999 tax return.

- 1 Enter an estimate of your 1999 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (but not sales taxes), medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 1999, you may have to reduce your itemized deductions if your income is over \$126,600 (\$63,300 if married filing separately). Get Pub. 919 for details.) 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$7,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$6,350 \text{ if head of household} \\ \$4,300 \text{ if single} \\ \$3,600 \text{ if married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter -0- 3 \$ _____
- 4 Enter an estimate of your 1999 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 Add lines 3 and 4 and enter the total 5 \$ _____
- 6 Enter an estimate of your 1999 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. Enter the result, but not less than -0- 7 \$ _____
- 8 Divide the amount on line 7 by \$3,000 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from Personal Allowances Worksheet, line H, on page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, on page 1 10 _____

Two-Earner/Two-Job Worksheet**Note:** Use this worksheet only if the instructions for line H on page 1 direct you here.

- 1 Enter the number from line H on page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1 _____
- 2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here 2 _____
- 3 If line 1 is GREATER THAN OR EQUAL TO line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, on page 1. DO NOT use the rest of this worksheet 3 _____

Note: If line 1 is LESS THAN line 2, enter -0- on Form W-4, line 5, on page 1. Complete lines 4-9 to calculate the additional withholding amount necessary to avoid a year end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding amount needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 1999. (For example, divide by 26 if you are paid every other week and you complete this form in December 1998.) Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,000	0	40,001 - 45,000	8	\$0 - \$5,000	0	65,001 - 80,000	8
4,001 - 7,000	1	45,001 - 54,000	9	5,001 - 11,000	1	80,001 - 100,000	9
7,001 - 12,000	2	54,001 - 62,000	10	11,001 - 16,000	2	100,001 and over	10
12,001 - 18,000	3	62,001 - 70,000	11	16,001 - 21,000	3		
18,001 - 24,000	4	70,001 - 85,000	12	21,001 - 25,000	4		
24,001 - 28,000	5	85,001 - 100,000	13	25,001 - 40,000	5		
28,001 - 35,000	6	100,001 - 110,000	14	40,001 - 50,000	6		
35,001 - 40,000	7	110,001 and over	15	50,001 - 65,000	7		

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$50,000	\$400	\$0 - \$30,000	\$400
50,001 - 100,000	770	30,001 - 60,000	770
100,001 - 130,000	850	60,001 - 120,000	850
130,001 - 240,000	1,000	120,001 - 250,000	1,000
240,001 and over	1,100	250,001 and over	1,100

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or

records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping 45 min., Learning about the law or the form 10 min., Preparing the form 1 hr., 10 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. DO NOT send the tax form to this address. Instead, give it to your employer.



UC-56KC (R 5/29/98)

NOTICE TO EMPLOYER OF APPROVAL OF CLAIM FOR BENEFITS

CLAIMANT'S NAME AND ADDRESS PLASSE, JAMES M 19 HILLARY LN WESTFIELD MA 01085 0000	SOCIAL SECURITY NUMBER 029-54-3984	JOB CENTER 15-0	CLAIM WEEK ENDING 03/08/2003	BENEFIT YEAR ENDING 06/07/2003	NOTIFICATION DATE 03/20/2003
SUB DATE 05/31/2002		Benefits have been approved following the claimant's:			

EMPLOYER'S REGISTRATION NUMBER: 94-027-81

SEPARATION FROM YOUR EMPLOY

TYCO PRINTED CIRCUIT GROUP LP

11 TYCO DRIVE
STAFFORD SPRINGS CT 06076 000000

Your account may be charged for benefits accordingly if wages paid by your company fall in the base period.

The award of benefits will become final unless you file a written appeal within twenty-one (21) days from the above Notification Date. If the last day for appeal falls on a day when our offices are closed for business, such last day shall be extended to the next business day. This will be your only opportunity to appeal the decision on an occurrence preceding the CLAIM WEEK ENDING. To be timely filed, your appeal must be received by this department or be legibly postmarked by the U.S. Postal Service no later than the final day. Your appeal will be forwarded to the Appeals Division who will notify you of the time and place of the hearing. Prior to this notification, they will send a copy of the booklet An Employer's Guide to the Appeals Process which describes the appeals process and tells you how to prepare for the referee's hearing.

An explanation of disqualification provisions appears on the reverse of this form.

THIS ENTIRE FORM MUST BE SENT WHEN RESPONDING BY FAX. DO NOT RETURN BY MAIL IF PROTEST IS FAXED.

IF APPEALING: DETACH THIS COPY AND MAIL TO: MERIT RATING UNIT Tel: (860) 263-6705 Fax: (860) 263-6723
DEPARTMENT OF LABOR
200 FOLLY BROOK BLVD, WETHERSFIELD CT 06109-1114
(or take to your nearest Job Center)

UC-56KC (R 5/29/98)

APPEAL

I appeal the decision awarding benefits to the claimant named below chargeable to my experience record. I believe the determination to be incorrect for the reason(s) explained below (include dates).

CLAIMANT'S NAME AND ADDRESS PLASSE, JAMES M 19 HILLARY LN WESTFIELD MA 01085 0000	SOCIAL SECURITY NUMBER 029-54-3984	JOB CENTER 15-0	CLAIM WEEK ENDING 03/08/2003	BENEFIT YEAR ENDING 06/07/2003	NOTIFICATION DATE 03/20/2003
SUB DATE 05/31/2002		REASON FOR APPEAL:			

Signature (Authorized Officer)

Title

Telephone No.

Date

EMPLOYER'S REGISTRATION NUMBER: 94-027-81

TYCO PRINTED CIRCUIT GROUP LP

11 TYCO DRIVE
STAFFORD SPRINGS CT 06076 000000

DATE RECEIVED IN MERIT RATING

FOR OFFICE USE ONLY

DECISION:

UC-56KC-EX
(Rev. 10/01)

EXPLANATION OF DISQUALIFICATION PROVISIONS - 31-236 CGS

Connecticut Law provides that an individual shall be ineligible for benefits:

QUITS (a) (2) (A) "If, in the opinion of the administrator, he has left suitable work voluntarily and without good cause attributable to the employer..., provided no individual shall be ineligible for benefits if he leaves suitable work (i) for good cause attributable to the employer, including leaving as a result of changes in conditions created by his employer, or (ii) to care for a seriously ill spouse, child or parent domiciled with the individual, provided such illness is documented by a licensed physician or (iii) due to the discontinuance of transportation other than his personally-owned vehicle, used to get to and from work, provided no reasonable alternative is available..."

A disqualification is not imposed and the employer's account is chargeable if the claimant leaves work for good cause attributable to the employer. If the reason for the quit is as provided by subsection (ii) or (iii) a disqualification is not imposed, but the employer's account will not be charged.

DISCHARGES (a) (2) (B) "If in the opinion of the administrator, he has been discharged or suspended for felonious conduct, conduct constituting larceny of property or service whose value exceeds \$25.00, or larceny of currency regardless of the value of such currency, wilful misconduct in the course of his employment or participation in an illegal strike as determined by state or federal laws or regulations"

If discharge resulted for reasons other than wilful misconduct, such as inability to perform the work to the employer's satisfaction, a disqualification will not be imposed and the employer's account will be charged. Wilful misconduct means deliberate misconduct in disregard of the employer's interest or a single knowing violation of a reasonable and uniformly enforced rule or policy of the employer when reasonably applied, provided such violation is not a result of the employee's incompetence. In the case of absence from work, "wilful misconduct" means an employee must be absent without either good cause for the absence or notice to the employer which the employee could reasonably have provided under the circumstances for three separate instances within an 18-month period.

REFUSALS OF WORK (a) (1) The law provides that the account of the employer who makes an offer of reemployment shall not thereafter be charged if a disqualification has been imposed under Sec. 31-236. This section provides for a disqualification if the claimant fails without sufficient cause to accept suitable work.

"...Suitable work shall mean either employment in his usual occupation or field or other work for which he is reasonably fitted, provided such work is within a reasonable distance of his residence, and, in determining whether or not any work is suitable for an individual, the Administrator may consider the degree of risk involved to his health, safety and morals, his physical fitness and prior training and experience, his skills, his previous wage level and his length of unemployment. . ." A temporary employee of a temporary help service who refuses to accept suitable employment when it is offered him by such service upon completion of an assignment is disqualified until he has earned at least six times his weekly benefit rate.

UC-280 (Rev. 3/11/02)

1. DATE MAILED 06/19/2003	
3. CLIENT'S SOCIAL SECURITY NUMBER 029-54-3984	
4. JOB CENTER 15-0	5. WEEK ENDING DATE 06/14/2003

NOTICE OF POTENTIAL LIABILITY

MERIT RATING UNIT
CONNECTICUT DEPARTMENT OF LABOR
WETHERSFIELD, CT 06109-1114
TEL: (860) 263-6705 FAX: (860)-263-6723
www.ctdol.state.ct.us

2. PROTEST PERIOD EXPIRES

07/10/2003

7. EMPLOYER'S NAME AND ADDRESS

TYCO PRINTED CIRCUIT GROUP LP
11 TYCO DRIVE
STAFFORD SPRINGS CT 06076-0000

6. CLIENT'S NAME AND ADDRESS

PLASSE, JAMES M
19 HILLARY LN
WESTFIELD MA 01085

8. EMPLOYER'S REGISTRATION NO.

94-027-81

UNEMPLOYMENT COMPENSATION PAYABLE

9. BENEFIT YEAR		10. SUB DATE		11. WEEKLY BENEFIT AMOUNT	12. WEEKLY BENEFIT RATE	MAXIMUM WEEKS	13. MAXIMUM ENTITLEMENT
EFFECTIVE DATE 06/08/2003	ENDING DATE 06/05/2004	06/16/2003			\$411	26	\$10,686
14. BASE PERIOD WAGES PAID IN YOUR EMPLOY		QUARTER 1 2002 \$20,685.43	QUARTER 2 2002 \$17,718.82	QUARTER 3 2002 \$24,080.71		QUARTER 4 2002 \$17,913.48	
15. TOTAL WAGES PAID BY YOU	16. YOUR WEEKLY CHARGE	17. YOUR MAXIMUM POTENTIAL CHARGE					
\$80,398.44	\$411	\$10,686.00					

13

THIS ENTIRE SIDE MUST BE SENT WHEN RESPONDING BY FAX.

DO NOT RETURN BY MAIL IF PROTEST IS FAXED.

UC-280 (Rev. 3/11/02)

IF PROTESTING CHARGES:

- * Read the information on the back of this form.
- * Complete the section below by checking the appropriate box and filling in the appropriate information.
- * Separate this form at the perforated line and return this portion to the above address. Keep the top portion for your records.

OUR REASON FOR PROTESTING IS THAT THE EMPLOYEE NAMED ABOVE:

A. ☐ voluntarily quit on ____/____/____

B. ☐ was discharged on ____/____/____ for:
☐ Wilful misconduct
☐ Felony

C. ☐ refused bonafide offer of rehire on ____/____/____D. ☐ client still employed part-time to the same extent as in the base period.E. ☐ received disqualifying incomeType: ☐ Vacation☐ Severance☐ Wages in Lieu of Notice

Amount: _____ for the period from _____ to _____

F. ☐ is an Educational Institution employee with reasonable assurance of rehire for the next term.G. ☐ never worked for me.

EMPLOYER COMMENTS:

I certify that the information contained herein is true and correct:

SIGNATURE: _____ TITLE: _____ DATE: _____ TELEPHONE: _____

UC-280 (Rev. 3/11/02)

EXPLANATION OF ITEMS

- Item 2 Your protest requesting relief from charges cannot be considered unless you file it within twenty-one (21) calendar days from the date this notice was mailed. To be timely filed, your protest must be received by this Department or legibly postmarked by the U.S. Postal Service no later than the 21st day. If the Unemployment Compensation offices are closed on the last day for filing your protest, the period for filing is extended to the next business day.
- Item 5 The Week Ending Date is the first payable week.
- Item 9 The Benefit Year is one full year from the date the client initiated a claim for benefits.
- Item 10 The Sub Date is the date that the client's Monetary Determination was created.
- Item 11 The Weekly Benefit Amount (WBA) includes dependency allowances (chargeable to reimbursable employers only).
- Item 12 The Weekly Benefit Rate is the amount to which the client is entitled excluding dependency allowances.
- Item 13 Maximum Benefits (26 X WBR) is the maximum amount of regular benefits to which the client is entitled during the Benefit Year.
- Item 14 The total amount of wages you paid the client during the four quarters of the base period. The base period is the first four of the last five completed calendar quarters based upon the claim effective date.
- Item 15 and 16 The Weekly Charge is the amount chargeable to your account for a total week of unemployment. Your weekly charge could be less. Employer pensions or partial earnings are deductible from a client's payment. Actual amounts charged will appear on the UC-540, Statement of Charges, or Monthly Statement of Reimbursable Charges. For reimbursable employers, dependency amount is included in the weekly charge.
- Item 17 The Maximum Potential Charge is 26 X Weekly Charge. During periods of high unemployment, the client may be entitled to additional benefits. NOTE: Items 16 and 17- the amount charged to your account is dependent upon the amount of benefits collected by the client during his benefit year. Taxable employers do not pay these charges dollar for dollar. For taxable employers, charges are used in computing their unemployment tax rates.

EXPLANATION OF NOTICE AND RIGHT TO PROTEST

The client named on the front of this form has initiated a claim for unemployment benefits. Benefits will be paid promptly upon determination by the administrator that the client is eligible. At that time, the amount of benefits paid will become benefit charges to the accounts of all chargeable base period employers. Your account will be charged unless you successfully protest. YOU HAVE THE RIGHT TO PROTEST these charges IF certain conditions exist. These conditions are listed on the front of this sheet (Boxes A through G). THE RIGHT OF PROTEST DOES NOT APPLY IF YOU WERE PREVIOUSLY NOTIFIED REGARDING THIS ISSUE AND EITHER YOU DID NOT PROTEST THE CHARGES AT THAT TIME OR YOUR PREVIOUS PROTEST WAS UNSUCCESSFUL. If you file a timely protest, the Administrator will review it and determine if you can be relieved of charges under the law. If, based on your protest your account is relieved of charges, you will be so notified. If your account remains chargeable, the Administrator will issue a written determination of chargeability which can be appealed to the Appeals Division.

EXCEPTION: If, in Item 8 of this form, there is an NM plus two digits, this is your notice that a Job Center has held a hearing of which you were notified and to which you were invited to participate. At this hearing, the Job Center determined the claimant eligible for benefits following his separation from your employ. Your return of this form will be forwarded directly to the Appeals Division and will constitute your appeal to that Job Center decision.

If you do not file a timely protest, benefit charges will appear on your UC-540, Quarterly Statement of Experience Charges, if you are a taxable employer, or on your Monthly Statement of Reimbursable Charges if you are a reimbursable employer.

***SPECIAL NOTE TO NON-PROFIT REIMBURSERS:** If the client has earned 10 x the Weekly Benefit Rate following separation from employment, the reimbursable employer is charged by law. Partial claims increase the number of weeks of entitlement. The client is entitled to a full dependency allowance for each valid week, whether partial or total benefits are claimed. Therefore, the maximum amount chargeable can be greater than item#17.

UC-280 (Rev. 3/11/02)

IF PROTESTING CHARGES, FAX OTHER SIDE OR RETURN THIS PORTION TO:

1. DATE MAILED	
06/19/2003	
3. CLIENT'S SOCIAL SECURITY NUMBER	
029-54-3984	
4. JOB CENTER	5. WEEK ENDING DATE
15-0	06/14/2003

MERIT RATING UNIT
CONNECTICUT DEPARTMENT OF LABOR
WETHERSFIELD, CT 06109-1114
TEL:(860) 263-6705 FAX:(860) 263-6723
www.ctdol.state.ct.us

2. PROTEST PERIOD EXPIRES
07/10/2003

7. EMPLOYER'S NAME AND ADDRESS

TYCO PRINTED CIRCUIT GROUP LP
11 TYCO DRIVE
STAFFORD SPRINGS CT 06076-0000

6. CLIENT'S NAME AND ADDRESS
PLASSE, JAMES M 19 HILLARY LN WESTFIELD MA 01085
8. EMPLOYER'S REGISTRATION NO.
94-027-81 -----

9. BENEFIT YEAR		10. SUB DATE		UNEMPLOYMENT COMPENSATION PAYABLE			
EFFECTIVE DATE	ENDING DATE			11. WEEKLY BENEFIT AMOUNT	12. WEEKLY BENEFIT RATE	MAXIMUM WEEKS	13. MAXIMUM ENTITLEMENT
06/08/2003	06/05/2004	06/16/2003			\$411	26	\$10,686
14. BASE PERIOD WAGES PAID IN YOUR EMPLOY		15. YOUR WEEKLY CHARGE		16. YOUR MAXIMUM POTENTIAL CHARGE			
QUARTER	YEAR	QUARTER	YEAR	QUARTER	YEAR	QUARTER	YEAR
1	2002	2	2002	3	2002	4	2002
\$20,685.43		\$17,718.82		\$24,080.71		\$17,913.48	
15. TOTAL WAGES PAID BY YOU		16. YOUR WEEKLY CHARGE		17. YOUR MAXIMUM POTENTIAL CHARGE			
\$80,398.44		\$411		\$10,686.00			

Neu Emp - die - Stam

tyco
international (US)

mod-72.46
Dout- 11.54
LTD- 8.66
PFA- 1.14

**Tyco Benefits 2000
Enrollment/Change Form**

Please print clearly

Employee Name - Last PLASSE		First JAMES		MI M	Home Telephone No. (413) 562-8708	
Social Security Number 228-54-3884		Street Address 19 HILLARY LANE		City WESTFIELD	State MA	Zip 01085
Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced/Legally Separated <input type="checkbox"/> Domestic Partner <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed		Spouse/Domestic Partner Works For Tyco <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Locator Code ADP09
Event - Select the event type for the enrollment/change request. Employees must provide evidence of status change. <input checked="" type="checkbox"/> New Enrollee <input type="checkbox"/> Dependent Change <input type="checkbox"/> Return from Leave <input type="checkbox"/> Coverage Level Change <input type="checkbox"/> Rehire <input type="checkbox"/> Change of Benefits Eligibility		<input type="checkbox"/> Termination <input type="checkbox"/> Other		Event Date 10/11/00		07
Event Reason - Indicate the reason for the submission <input checked="" type="checkbox"/> New Hire <input type="checkbox"/> Death of Dependent <input type="checkbox"/> Disabled <input type="checkbox"/> Adoption/Placement <input type="checkbox"/> Death of Spouse <input type="checkbox"/> Divorce/Legal Separation <input type="checkbox"/> Birth of Child <input type="checkbox"/> Dependent Not Eligible <input type="checkbox"/> Loss of Coverage		<input type="checkbox"/> Marriage <input type="checkbox"/> Other Coverage <input type="checkbox"/> Retiree <input type="checkbox"/> Transfer Out		Termination <input type="checkbox"/> Other		
Medical (Pre-tax) - Please complete dependent information on back of form <input checked="" type="checkbox"/> Tyco Standard Plan [0011] [004] [006] <input type="checkbox"/> Waived [000]		Coverage Level (Varies based on plan) <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + 1 Dependent <input checked="" type="checkbox"/> Family		Opt In Zip Code		Health Care Contribution Rates (Varies based on plan) <input type="checkbox"/> Standard Rate - Selecting this box indicates that you and/or a family member covered under a Tyco sponsored medical plan uses tobacco products. <input checked="" type="checkbox"/> Discounted Wellness Rate - Selecting this box indicates that you and all of your family members covered under a Tyco-sponsored medical plan do not use tobacco products or you and/or a family member is a smoker but participates in Tyco's smoking cessation program.
PCP Name New Enrollee Only (For POS and HMO plans, refer to Plan Directory) JAMES F. HARRIS, MD		PCP Number New Enrollee Only 100995		Existing Patient <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have other Health Coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Insurance Company Plan Name		Other Insurance Company Group Number		ID Number
Insured Name		Insured Social Security No.		Insured Employer's Name		
Insured Address Street		City		State		Zip
Dental (Pre-tax) <input checked="" type="checkbox"/> Tyco Standard Dental [201] <input type="checkbox"/> Waived [000]		Coverage Level (Varies based on plan) <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + 1 Dependent <input checked="" type="checkbox"/> Family				

Employee Name: JAMES HARRIS Social Security Number: 024-34-3787

Health Care Reimbursement Account (Pre-tax) <input type="checkbox"/> Contribute [301] \$ _____ Annual Contribution <input checked="" type="checkbox"/> Waived [000] (minimum \$100; maximum \$2,400)		Dependent Care Reimbursement Account (Pre-tax) <input type="checkbox"/> Contribute [302] \$ _____ Annual Contribution <input checked="" type="checkbox"/> Waived [000] (minimum \$100; maximum \$5,000)	
--	--	---	--

Personal and Family Accident Insurance (PFA) Plan: <input type="checkbox"/> 1 Times Salary [401] <input type="checkbox"/> 2 Times Salary [402] <input checked="" type="checkbox"/> 3 Times Salary [403] <input type="checkbox"/> \$50,000 coverage [404] <input type="checkbox"/> Waived [000]		Long-Term Disability (LTD) <input checked="" type="checkbox"/> LTD Coverage [501] <input type="checkbox"/> Waived [000]	
---	--	---	--

Coverage Level:
☒ Employee
☐ Family

If you do not elect LTD coverage when you are first eligible, you will have to provide evidence of insurability to obtain coverage later and you could be turned down.

Dependent Event	Last Name (if different from employee)	First Name	MI	Rel*	Gender	Date of Birth (mm/dd/yyyy)	Full-Time Student/Disabled	Social Security Number	Coverage
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	Donna		L	W	FM	10/22/63	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	027-60-3374	Med Den
PCP Name for above dependent: JAMES HARRIS 100795									
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	MATTHEW		J	S	BM	6/11/95	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	028-78-4959	Med Den
PCP Name for above dependent: LISA HARRIS MD 101136									
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change	DANIEL		J	S	BM	3/13/97	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	024-80-8073	Med Den
PCP Name for above dependent: LISA HARRIS MD 101136									
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change					FM	/ /	<input type="checkbox"/> Student <input type="checkbox"/> Disabled		Med Den
PCP Name for above dependent:									
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change					FM	/ /	<input type="checkbox"/> Student <input type="checkbox"/> Disabled		Med Den
PCP Name for above dependent:									

*Valid Relationship codes are: H = Husband; W = Wife; S = Son; D = Daughter; X = Daughter of Domestic Partner; O = Class II dependent (must provide proof of guardianship); P = Domestic Partner.

If you need an additional form for more dependents, please contact the Benefits Coordinator.

I have received complete information regarding the Tyco benefits program. I understand that I cannot change these elections until the next annual enrollment period, unless I experience a qualifying family status change. My signature below authorizes Tyco to deduct from my pay the required premium contributions for the choices I have elected. I authorize Tyco, the carrier or their designated parties to review medical files as necessary for administration of the plan.

Employee Signature



Date 9-11-00